

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**BERRY HILL NURSING HOME**

**621 BERRY HILL ROAD  
SOUTH BOSTON, VA 24592**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 07/26/2016 through 07/28/2016. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.  The census in this 120 bed facility was 96 at the time of the survey. The survey sample consisted of 17 current Resident reviews (Residents # 1 through # 17) and 3 closed record reviews (Residents # 18 through #20).	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities.  Maintenance and Housekeeping. 12 VAC 5-371-370(A) Cross Reference to F252.  Resident Assessment and care planning. 12 VAC 5-371-250(C) Cross Reference to F-280.  Nursing services. 12 VAC 5-371-220(B) Cross Reference to F-309.  Nursing services. 12 VAC 5-371-220(A) Cross Reference to F-323.  Maintenance and Housekeeping. 12 VAC 5-371-370(A) Cross Reference to F463.  Pharmaceutical Services.	F 001	The Maintenance Director and House Keeping Supervisor began on 8/16/16 with corrections in the following areas: ceiling tile at vending machine area, cleaning of vending machine area, old laundry chute area, dining room area, repairs to wall in vending machine area, and repair to the cove base. These corrections will be completed by 8/19/16.  The Director of Nursing in-serviced the Supply Clerk on Environmental Rounds on 8/17/16. The Supply Clerk completed a 100% Audit of facility on 8/17/16 for any areas needing repair to include cleaning and monitoring for excessive temperatures. Any areas of concern were address immediately by the housekeeping supervisor and/or Maintenance Director. All License nurses, CNAs, Dietary staff, therapy staff, housekeeping staff, and	8/22/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

08/19/16

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F 001	Continued From page 1  12 VAC 5-371-300(H) Cross Reference to F428.  Staff development and inservice training. 12 VAC 5-371-260(B)(3) Cross Reference to F518.	F 001	<p>department managers were in-serviced by the Staff Facilitator on completing work orders for any areas of building that need repairs to be completed by 8/19/16. All newly hired staff will be in-serviced regarding completing work orders for any areas of building that need repairs in orientation. The Administrator in-serviced the Maintenance Director and House Keeping supervisor on 8/17/16 on maintaining the facility in a sanitary and working order to include checking for and completing work orders.</p> <p>The Maintenance Director and House Keeping Supervisor will complete walking rounds daily Monday through Friday to identify areas needing repairs, cleaning, or excessive heat of the facility and to ensure a safe, clean, comfortable homelike environment in common areas of the facility and document findings on Rounding Sheets. The Director of Nursing will complete walking rounds to ensure the maintenance director and housekeeping supervisor has ensured all areas were identified, repaired and cleaned as appropriate utilizing the Department Rounding Tool weekly x 8 weeks then monthly x 1 month. Any areas of concern will be address immediately with retraining to the maintenance director and housekeeping supervisor. The Administrator will initial and review the Department Rounding Tool weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Administrator will compile audit</p>	

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F 001	Continued From page 2	F 001	<p>results of the QI Tool: Department Rounding Tool and present to the Quality Improvement Committee Meeting monthly x 3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Administrator is responsible for overall compliance.</p> <p>The Care Plans for resident #2 and 15# were updated by the MDS nurse on 8/16/16 to include one on one safety supervision and safety checks.</p> <p>100% audit of all resident's to include resident #2 and #15 Care Plans was initiated on 8/16/16 by the Director of Nursing and Assistant Director of Nursing to ensure interventions to include one on one supervision and safety checks were addressed as appropriate and will be completed by 8/22/16. Care plans will be immediately revised during the audit for any concerns identified by the MDS nurse. An In-service was conducted by the Facility MDS Consultant on 8/16/16 with the Care Planning Team to include: MDS Nurse, Activity Director, Social Worker, Dietary Manager, Director of Nursing, and Assistant Director of Nursing, and Staff Facilitator on Revision of Comprehensive Care Plans. Any newly hired staff to the Care Planning Team will be in-serviced regarding revision of comprehensive care plans by the Director of Nursing during</p>	

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F 001	Continued From page 3	F 001	<p>orientation.</p> <p>The Assistant Director of Nursing will audit 10% of all resident's care plans to include resident #2 and resident #15 to ensure interventions to include one to one supervision and safety checks are addressed on the resident care plan as appropriate weekly x 8 weeks then monthly x 1 month utilizing the QI Tool: Care Plan Monitoring. The Assistant Director of Nursing will retrain the appropriate care plan team member and ensure the care plan is revised during the audit for any identified areas of concern. The Director of Nursing will review and initial the QI Tool for care plan monitoring for completion and to ensure all areas of concern have been addressed weekly x 8 weeks then monthly x 1 month.</p> <p>The Director of Nursing will compile audit results of the QI Tools: Care Plan Monitoring and present to the Quality Improvement Committee Meeting monthly x3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Director of Nursing is responsible for overall compliance.</p> <p>The MD was notified of Resident #2 receiving Lipitor twice per day instead of</p>	

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F 001	Continued From page 4	F 001	<p>the ordered once per day x 3 months, by the Director of Nursing on 7/27/16. New orders were received on 7/27/16 to clarify the Lipitor order for 10mg PO q HS and to obtain a stat Lipid Panel. Corrections were made to resident's #2 MAR by Director of Nursing on 7/27/16. A stat Lipid was obtained on 7/27/16 with results received on 7/27/16 and within normal range. The MD was notified of resident #2 Lipid results by the Director of Nursing with no further orders on 7/27/16.</p> <p>A 100% audit of all current resident's to include resident #2 physician orders for the last 3 months were compared to the MARs to ensure physician orders are being followed and all orders were printed correctly with no duplicates to include Lipitor orders on 7/27/16 by the Director of Nursing. No concerns were identified. 100% in-service was initiated on 7/27/16 by the Director of Nursing and Staff Facilitator with all Licensed Nursing Staff to include LPN #7 on Mar Tips for Checking Mars to include checking for duplicate orders and the five rights of medication administration be completed on 8/18/16. All newly hired Licensed Nursing Staff will be in-service regarding Mar Tips for Checking Mars to include checking for duplicate orders and the five rights of medication administration during orientation by the Staff Facilitator.</p> <p>The Assistant Director of Nursing will review all newly written physician orders for all residents to include resident #2 and compare to the resident's Medication Administration records weekly x 8 weeks</p>	

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F 001	Continued From page 5	F 001	<p>then monthly x 1 month to ensure medications are being administered per Physician order Utilizing an Physician order QI Tool. The Assistant Director of Nursing will immediately retrain the license nurse, notify the physician, and correct the MAR for any identified areas of concern. The Assistant Director of Nursing, and/or Staff Facilitator will audit all residents to include resident #2 Mars during Monthly MAR checks for a final third check after Staff nurses have completed checks number 1 and 2 before the first of the month to ensure all orders are accurate per physician order to include duplicate entries monthly x 3 months utilizing the QI Tool: MAR Audits. The Assistant Director of Nursing, and/or Staff Facilitator will immediately correct the MAR during the audit for any identified areas of concern. The Director of Nursing will review and initial the Physician Order QI TOOL and QI Tool: MAR Audits weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Director of Nursing will compile audit results of the Physician order QI Tool and QI Tools: MAR Audit to the Quality Improvement Committee Meeting monthly x 3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Director of Nursing is responsible for overall compliance.</p>	

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F 001	Continued From page 6	F 001	<p>Resident # 6 was provided the appropriate proper wheelchair on 7/27/16 to include all care planned safety devices of auto braking system and anti- roll back by 7/27/16.</p> <p>A 100% audit was conducted by the Director of Nursing on 7/27/16 of all current resident's to include resident #6 to ensure proper safety devices were in place according to the care plan and care guide. No concerns were found during the audit. 100% in-service with all license nurses, CNAs to include CNA # 4, and therapy staff was initiated by the Director of Nursing and Staff facilitator on 7/27/16 on ensuring all residents have proper safety devices in place according to their care guide and care plan and procedure to follow if device is not in place to be completed by 8/18/16. All newly hired license nurses, CNAs, and therapy staff will be in-serviced regarding ensuring all residents have proper safety devices in place according to their care guide and care plan and procedure to follow if device is not in place during orientation by the Staff Facilitator. The Assistant Director of Nursing and Staff Facilitator was in-serviced by the Administrator and the Director of Nursing on the QI Tool: Hallway Rounding Sheet to be completed by 8/18/16.</p> <p>The Assistant Director of Nursing and Staff Facilitator will conduct rounds auditing 10% of residents 3 x per week x 4 weeks, weekly x 4 weeks, then monthly x</p>	

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F 001	Continued From page 7	F 001	<p>1 month utilizing the QI Tool: Hallway Rounding Sheet to ensure proper safety devices are in place according to the resident care plan and care guide. Devices will be immediately placed by the Assistant Director of Nursing and Staff Facilitator with retraining to the License nurse and CNA for all identified areas of concern during the audit. The Director of Nursing will review and initial the QI Tool: Hallway Rounding Sheet weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concerns have been addressed.</p> <p>The Director of Nursing will compile audit results of the QI Tool: Hallway Rounding Sheet and present to the Quality Improvement Committee Meeting monthly x 3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Director of Nursing is responsible for overall compliance.</p> <p>Work order was completed on 7/27/16 by the Director of Nursing for the call bell for Unit 1 Common area bathroom on left side to include call bell control panel bulb. This was fixed and corrected by the Maintenance Director on 7/27/16.</p> <p>100% audit was completed by the Maintenance Director and the</p>	



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F 001	Continued From page 8	F 001	<p>Maintenance Assistant of all call bells to include common area bathrooms and shower rooms on both units to ensure proper functioning of call bell system to include call bell control panel on 8/15/16. The Maintenance Director and the Maintenance Assistant immediately repaired any identified areas of concern during the audit. 100% of all License nurses, CNAs, Dietary, housekeeping, therapy staff, and department managers was in-service by the Staff Facilitator and the Director of Nursing on reporting and filling out work orders for defective equipment to include call bells not properly working to be completed on 8/18/16. All newly hired License nurses, CNAs, Dietary, housekeeping, therapy staff, and department managers will be in-serviced regarding reporting and filling out work orders for defective equipment to include call bells not properly working during orientation by the Staff Facilitator. The Administrator in-serviced the Maintenance Director and Maintenance Assistant on proper function of call bell system on 8/15/16.</p> <p>The Maintenance Director and/or the Maintenance Assistant will audit 10% of all call bells to include common areas on both units and call bell control system weekly x 8 weeks, then monthly x 1 month to ensure proper functioning using QI Tool: call bell monitoring. The Maintenance Director and/or the Maintenance Assistant will immediately repair any identified areas of concern during the audit. The Administrator will review and initial the QI Tool: call bell monitoring weekly x 8 weeks</p>	

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F 001	Continued From page 9	F 001	<p>then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Director of Nursing will compile audit results of the QI Tool: Call bell monitoring and present to the Quality Improvement Committee Meeting monthly x 3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Director of Nursing is responsible for overall compliance.</p> <p>The MD was notified of Resident #2 receiving Lipitor twice per day instead of the ordered once per day x 3 months, by the Director of Nursing on 7/27/16. New orders were received on 7/27/16 to clarify the Lipitor order for 10mg PO q HS and to obtain a stat Lipid Panel. Corrections were made to resident's #2 MAR by Director of Nursing on 7/27/16. A stat Lipid was obtained on 7/27/16 with results received on 7/27/16 and within normal range. The MD was notified of resident #2 Lipid results by the Director of Nursing with no further orders on 7/27/16.</p> <p>A 100% audit of all current resident's to include resident #2 physician orders for the last 3 months were compared to the MARs to ensure physician orders are being followed and all orders were printed correctly with no duplicates to include</p>	

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F 001	Continued From page 10	F 001	<p>Lipitor orders on 7/27/16 by the Director of Nursing. No concerns were identified. 100% in-service was initiated on 7/27/16 by the Director of Nursing and Staff Facilitator with all Licensed Nursing Staff to include LPN #7 on Mar Tips for Checking Mars to include checking for duplicate orders and the five rights of medication administration be completed on 8/18/16. All newly hired Licensed Nursing Staff with be in-service regarding Mar Tips for Checking Mars to include /checking for duplicate orders and the five rights of medication administration during orientation by the Staff Facilitator. In-service with internal pharmacy staff re: importance of identifying and acting upon duplicate orders conduct by the Pharmacy Manager to be completed by 8/22/16. In-service with Consultant Pharmacist to emphasize the importance of identifying and acting upon duplicate entries on the MAR conducted by the Pharmacy Manager on 8/17/16. Manual review of all orders printed from the pharmacy database by Pharmacy's Regional Clinical Manager to verify that duplicate entries are not present to be completed by 8/19/16. Any concerns identified will be addressed immediately.</p> <p>The Assistant Director of Nursing will review all newly written physician orders for all residents to include resident #2 and compare to the resident's Medication Administration records weekly x 8 weeks then monthly x 1 month to ensure medications are being administered per Physician order Utilizing an Physician order QI Tool. The Assistant Director of</p>	

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F 001	Continued From page 11	F 001	<p>Nursing will immediately retrain the license nurse, notify the physician, and correct the MAR for any identified areas of concern. The Assistant Director of Nursing, and/or Staff Facilitator will audit all residents to include resident #2 Mars during Monthly MAR checks for a final third check after Staff nurses have completed checks number 1 and 2 before the first of the month to ensure all orders are accurate per physician order to include duplicate entries monthly x 3 months utilizing the QI Tool: MAR Audits. The Assistant Director of Nursing, and/or Staff Facilitator will immediately correct the MAR during the audit for any identified areas of concern. The Director of Nursing will review and initial the Physician Order QI TOOL and QI Tool: MAR Audits weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Director of Nursing will compile audit results of the Physician order QI Tool and QI Tools: MAR Audit to the Quality Improvement Committee Meeting monthly x 3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Director of Nursing is responsible for overall compliance.</p> <p>CNA # 2 was in-serviced by the Staff Facilitator on 7/28/16 on Electrical Outage.</p>	

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F 001	Continued From page 12	F 001	<p>100% of all license nurses, CNAs to include CNA #2, dietary staff, therapy staff, housekeeping staff, and department managers were in-serviced by the Staff Facilitator and Director of Nursing on emergency procedures to include Electrical Outage to be completed on 8/18/16. Any newly hired staff will be in-serviced regarding emergency procedures to include Electrical Outage during orientation.</p> <p>The staff Facilitator will interview 10% of staff members to include all departments weekly x8 weeks and then monthly x 1 month on emergency procedures to include Electric outage utilizing the Emergency Procedure Questionnaire QI Tool. Any concerns identified on the questionnaire will result in that staff member receiving individual retraining immediately by the Staff Facilitator. The Administrator will review and initial the Electrical Outage Questionnaire weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Director of Nursing will compile audit results of the Emergency Procedure Questionnaire and present to the Quality Improvement Committee Meeting monthly x 3 months. Subsequent plans of action will be developed by the Committee when required. Identification of any potential trends will be used to determine the need for action and/or frequency of continued monitoring. The Director of Nursing is responsible for overall compliance.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERRY HILL NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>621 BERRY HILL ROAD SOUTH BOSTON, VA 24592</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	